



City of Falls Church  
**AFFORDABLE DWELLING UNIT PROGRAM**  
**UNEMPLOYMENT STATEMENT**  
Housing and Human Services Division



300 Park Avenue, Suite W-100, Falls Church, Virginia 22046  
Tel: 703-248-5005, TTY 711, Fax: 703-248-5149, Website: [www.fallschurchva.gov](http://www.fallschurchva.gov)

**Instruction:** *Do not sign prior to notary stamp.*

I \_\_\_\_\_ hereby certify that I am currently not earning any  
(Print Name)

income and I am unemployed. I have not earned income/been unemployed from \_\_\_\_\_ to \_\_\_\_\_.

By: \_\_\_\_\_  
Signature Print Name Date

In the City/County of \_\_\_\_\_ COMMONWEALTH/STATE OF \_\_\_\_\_, TO

WIT:

Subscribed and sworn/affirmed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

by \_\_\_\_\_  
Notary Public Print Name

My Commission Expires: \_\_\_\_\_